

**Arkansas Department of Human Services
Division of Developmental Disabilities Services
ACS Waiver Services**

Risk Assessment

INDIVIDUAL NAME _____

Note: Addressed in Plan of Care: If health and/or safety issues are identified, it is the responsibility of providers to analyze what supports are available and can be put in place that will assure health and safety. Identified objectives are also to be considered when identifying health and safety supports. This form (when used to conduct the assessment) is to be submitted as part of the Person Centered Service Plan process and is to be maintained in the provider's and DDS official waiver file for the individual. A positive response to any item (other than "No Occurrences") must be addressed in the Person Centered Service Plan and assure there is a support that can address the issue(s) to help prevent occurrence or deal with the issue if it occurs.

1) Indicate individual's residential setting: ☐ Lives alone ☐ Lives with others

2) Does the individual have a routine voluntary caregiver(s)?: ☐ Yes ☐ No

Note: If the individual lives alone and has no routine voluntary caregiver, the plan must identify how health and safety is assured in the absence of a paid or non-paid caregiver.

3) Indicate whether the individual presently requires direct support staff be trained in special health care procedures (e.g., ostomy care, positioning, certain adaptive devices, etc.).

☐ Yes ☐ No

Note: If the individual needs direct support staff trained in special health care procedures, the individual may not be appropriate for the Waiver program. Appropriateness will depend upon identifying and obtaining alternatives for addressing the need.

4) Select the response that best describes the individual's wheelchair mobility. If the individual does not use a wheelchair, please indicate.

☐ Individual does not use a wheelchair

☐ Can use a wheelchair independently, including transferring

☐ Can use a wheelchair independently with assistance in transferring

☐ Requires assistance in transferring and moving

☐ No mobility (must be transferred and moved)

Note: If the individual uses a wheelchair and requires assistance in transferring and/or moving, or is not mobile, the provider must ensure that the individual can be evacuated from their residence in case of emergency. Examples of possible assurances are 1) the presence of personal emergency response systems and/or 2) voluntary caregivers. For some individuals, a personal emergency response system may adequately address the safety issues. The provider must address how the individual is to be evacuated from their residence in case of emergency.

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5) Indicate the frequency of each behavior over the last twelve months:

Legend

No Occurrences	Behavior not displayed
Occasionally	Less than once per month
Monthly	About once per month
Weekly	About once per week
Frequently	Several times per week
Daily	Once a day or more

Runs or wanders away

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Eats inedible objects

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Displays behavior of a sexually offending or predatory nature

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Displays (engages in) behavior of an aggressive or destructive nature (to include self abuse)

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Individual intentionally or unintentionally does not follow rules about electricity, fire, water, tools, traffic, interacting with strangers, or hazardous physical situations like broken windows or open trenches.

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Individual intentionally or unintentionally threatens to do harm to self, others or objects.

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Uses addictive substances (specify the substance(s)) _____

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Signature of Case Manager

Date

The signature above attests the information contained is to the best of their ability an accurate representation of the assessed individual's risk issues. It does not necessarily indicate agreement on family involvement.